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“Deep-seated Abnormality”: Military Psychiatry, Segregation and Discourses of Black “Unfitness”

This article examines the construction of “unfit” black masculinity in institutional and medical discourses of the American military during World War II. Examining the military medical literature on “maladjustment” in context of the armed forces practice of segregation, I argue that by ignoring the impact of segregation, military psychiatrists reproduced linkages between blackness and “defect.” Despite the absence of direct assertions of racial hierarchy, these discourses thus implicitly, and sometimes explicitly, construed black manhood as alternately feeble and menacing, but above all as “abnormal” in both mind and body. Examining articles from psychiatric and military medical journals, as well as the internal documents of military officials, I investigate these claims in regard to the conceptualization and management of “constitutional defects” and psychosomatic illness.

Keywords: medicine, race, war, United States, segregation, disability

Introduction

In a study published in the journal *War Medicine* examining one hundred African American soldiers referred to a mental hygiene unit, Army psychiatrists Herbert E. Harms, Frank J. Kobler and Francis J. Sweeny (1945) offered a “statistical picture...deemed of some value in understanding the special problems that confront the Negro and the Army in the process of mutual adjustment” (309). The picture they produced brought into focus “certain factors in the lives of these 100 Negroes,” including widespread deficiencies in intelligence, “abnormal home conditions”, poverty, “abnormal health history”, “abnormal sexual life”, and ongoing “conflict with authority.” They identified 50 percent of the men they examined as psychopaths (310). The authors did not make conjectures as to whether the deficiencies

and defects they outlined resulted from inherent racial tendencies - though they noted a study was underway to analyze whether Army intelligence tests were valid in “determining the native ability of Negroes as related to their Army adjustment” (311). Their findings of black “abnormality”, as I will discuss in this article, are indicative of a broader psychiatric literature on military “maladjustment” that linked blackness and “unfitness” and which thus reconstituted and reinforced historically entrenched American beliefs that black men’s presence in the military was profoundly problematic. Following Douglas Bayton’s suggestion that social hierarchies frequently ‘draw upon culturally constructed and socially sanctioned notions of disability’ (52), I suggest that the marking of black racial difference in this ostensibly race-neutral literature worked through employing the terms and categories of “(ab)normality”, and “defect”, which, like those of race, were shifting but remarkably resilient in this period.

The widespread use of the term “maladjustment” itself illustrates the growing predominance of psychodynamic psychiatry in the American military, a model which, informed heavily by psychoanalysis as well as the psychobiology of Adolf Meyer, emphasised the importance of patients’ life history and environment over their biology. William Menninger (1948), the highest ranking military psychiatrist during the war and later President of the American Psychiatric Association, described maladjustment in the military context as indicating “a failure of the personality to change its behavior and attitudes sufficiently, or a situation which demands too much”. “When the struggle within the personality or between the personality and the environment cannot be allayed,” he wrote, “maladjustment results” (47). In their groundbreaking study of war neuroses, *Men Under Stress*, Roy Grinker and John Spiegel (1945) highlighted the extraordinary and cruel demands of the wartime military, and commented that “[u]nder sufficient stress any individual may

show failure of adaptation”. “In this realm,” they wrote, “a hair divides the normal from the neurotic, the adaptive from the nonadaptive” (vii-viii).

Importantly, however, the understanding that psychiatrists had reached by the end of the war, that mental disorders could occur in “normal” men (Anderson et al, 413), even - and particularly - in those who had proven their “mental toughness” in intensive combat (391), did not preclude the simultaneous delineation of “abnormal” and “constitutionally inadequate” men. For example, the term “mental defective”, a central fixture of anxiety in the eugenics discourse of the earlier decades of the 20th century (Thomas 2010 , 118-119), remained a common description for perceived intellectual disability and even the finer eugenic classifications of feeble-mindedness - eg “moron”, “imbecile”, and “idiot” - occasionally made appearances.¹ Indeed, rather than always examining the ways in which the military environment might “demand too much”, the discourse on maladaptation often focused on how and which personalities came to “fail”, with important material and conceptual distinctions drawn between men suffering psychoneurosis and those who were “inapt” or “undesirable”. In her landmark article on race and psychiatry in World War II, Ellen Dwyer (2006) has argued that psychiatric discourse in the period illustrates “the ways in which racial conservatism managed to reconstitute itself within a liberal environmentalist paradigm” (119). One of the key ways in which this happened, in which perpetual black racial inferiority continued to be reified even as open assumptions of racial hierarchy dissipated from military psychiatric discourse, was the continuing designation of “defective” or “inadequate” types.

In 1944, the Army produced “Command of Negro Troops”, a training manual for the largely white officers who would be leading black enlisted men. As part of its marked insistence on the Army’s rejection of “racial dogma”, in a section entitled, “Good Soldiers are Made Not Born”, it asserts that “[i]n all the vast number of studies by psychologists and other

scientists during the past two or three decades, there is not one piece of research which proves that Negroes are, as a group, mentally or emotionally defective by heredity” (War Department 1944, 7). The perceived need to reeducate officers on Negro “defectiveness” reflects the long history in which, as Daryl Michael Scott (1997) has argued, African Americans have been linked, materially and symbolically to “mental defectives, dependents, and delinquents- all those considered at once incapable of participating in modern society and a threat to the social order” (13). In the earlier 20th century, the term defect, used to describe any unwanted mental, physical or moral deviation from that which was defined as normal, implied heritability, whether or not specifically designated as hereditary (Baynton 2016, 8). Within the psychiatric and institutional military discourses of World War II, “defects” might not necessary imply a biological deviation but often were understood to be so deeply rooted as to often make its bearer difficult to “salvage.” Thus often without making claims about Negroes “as a group” or about the heritability of their perceived problems, military psychiatrists continued to reinscribe notions of black men’s abnormality by consistently drawing conceptual connections between defect and blackness. Even in articles in which racial comparison or “Negroes” as such were not identified in either the title or the introduction as a focus of analysis, rates of defect and disease were frequently charted along white and black lines. In an article on rejection rates and incidence of defect among 18 and 19 year olds in the *Journal of the American Medical Association*, for example, the authors analyzed a sample of 42,273 men, of which only 3,312 were African American. Despite their small numbers, the authors devote their entire analysis to comparing (without explanatory conjecture) the rates of various defects between white and black subjects (Rowntree, McGill, and Edwards 1943). So while authors did not always offer prolonged analysis on its origin or meaning, they insert black difference at every turn by quantifying rates of black dysfunction - indeed by simply marking “white” and “Negro” as categories through which maladjustment

must be sorted and understood. Critically, despite the growing emphasis on environmental stress and mental health, a striking lack of acknowledgement of the military's practice of segregation, or its emotional and physical impact, pervades this literature, thereby reifying the poor morale, despondency, and defiance of black troops precisely as evidence of defect.

The picture of black maladjustment painted in the medical literature, I will argue, was also inextricably a picture of subnormal masculinity, as perceptions of black men's failure to adjust to military life simultaneously reflected their perceived distance from the ideals of American manhood. Aaron Belkin (2014) has recently argued that one of the key elements distinguishing the military masculinity that emerged at the end of the 19th century was that, in contrast to previous eras, it came to "have a more totalizing claim on standards that distinguished the normal from the deviant", serving as a model of citizenship for civilians as well as soldiers: "Soldiering would be seen less as one among many normative masculinities than as the paradigmatic embodiment of normativity" (2014, 12). Tellingly in this regard, while asserting that "the stress of war tries men as no other test that they have encountered in civilized life", Grinker and Spiegel also suggested that "psychological mechanisms" they examined in their work on war neuroses were "those that apply to Everyman in his struggle to master his own environment" (1945, viii). Rather than a straightforward exclusion of the feminine, Belkin insists that modern American military masculinity is defined by its central, contradictory demand for both toughness and strength, on the one hand, and obedience, docility, with respect to submitting to authority, and above all conformity, on the other (2014, 12). This insight is critical because, as we will see, it is the quality of aberration- in mind and body- that pervades characterizations of black servicemen in the literature on military maladjustment. Reflecting on the ideological justifications for excluding black men from full incorporation in the military, African American historian Lawrence Reddick observed in 1949 that the traditional belief that "the Negro, generally speaking, is no good as a fighting

man; is fearful, unreliable and lacking in the manly virtues of a warrior,” was shot through with “apparently contradictory apprehension that the experience of handling firearms and of engaging in battle equips Negroes to achieve equality in America by force” (Reddick 1949, 12). Emerging from and reproducing these discourses, the pathological manhood of the black soldier presented in the wartime medical literature aberrated from the (implied) white standards in both its feebleness as well as its menace. Drawing primarily upon articles published in journals of psychiatry, mental health and military medicine, the Army’s official history of neuropsychiatry, and internal correspondence between military officials, I will explore these claims in regard to psychiatric assessments of black men’s “constitutional defects” and psychosomatic illness. To begin with, I will give a brief background of the political and institutional context in which these issues must be considered.

Black men and military apartheid: “It produced an emotional cancer”

After the First World War the American War College undertook a study to determine how and if black soldiers should be used in future military efforts. The study explicitly evoked scientific theories of race, noting for example, “In the process of evolution the American negro has not progressed as far as the other sub-species of the human family”, with statistics regarding each group’s “cranial capacity” produced to evidence such claims. The authors furthermore asserted that black servicemen were prone to panic, showed “rank cowardice in the dark”, and were inherently subservient (Army War College 1925, 45, 16). By World War II, though insisting on the absolute necessity of segregation as “essential to morale and harmony”, military officials sought to publicly differentiate the practice of segregation from the ideology of racial hierarchy. As Brigadier General R.W. Crawford asserted in a memo assessing the “Colored Troop Problem” for then Major General Dwight Eisenhower: “segregation as practiced in the army is that of physical separation of military

units and not that of inferior or superior groups.”² Yet black inferiority was often presented as fact in internal documents and though social and educational deprivation was often identified as being at the root black men’s perceived unfitness, the door was hardly shut on notions of fixed racial capabilities. Delineating the problems the military needed to “squarely” face in “utilizing Negro personnel,” General George Marshall asserted in a 1941 memo to the Secretary of War, “either through lack of education opportunities *or other causes* the level of intelligence and occupation skill of the Negro population is considerably below that of the white.”³

The “separation” of black men in the Armed Forces was not merely “physical” but also marked black troops as fundamentally different. Reddick’s assertion that black men were seen as incapable of being fighting men was not empty rhetoric. Illustrating the highly uneven and contradictory nature of military discourses of race in this period, in 1944 the War Department produced *The Negro Soldier*, a propaganda film celebrating the heroic contributions of the titular Negro soldier to American warfare throughout history. Used to boost black morale, by 1944 the film was also mandatory orientation viewing for both black and white inductees (Sklaroff 2009, 241-243). Yet the vast majority of black troops in World War II were used as laborers; less than a quarter were used in combat (Lee 2004, 406). The imposition of segregation, marking black troops as something inherently apart from and outside of the normal bounds of the masculine military order, carried continual humiliation. As military commanders remained reluctant to send black troops overseas for a large part of the war, many black units found themselves being transferred from one domestic training camp to another, subject to constant pointless marching and backbreaking manual tasks which devastated morale, including, in some cases, digging ditches, cleaning streets, and shovelling snow (Crisis 1943b, Lee 2004, 331). The violence wrought in segregation, furthermore, was not merely symbolic or psychological. Black troops were subject to

physical abuse, meted out in an official capacity by officers and MPs, as well as that inflicted upon them by white civilians and civilian police in the areas they were stationed. In a particularly disturbing incident, the body of Private Felix Hall was found hanging from a tree with his arms bound behind his back in a wood near Fort Benning, Georgia, in 1941 (Macdonald and Macdonald 1943, 2).

For their part, particularly from 1943 onwards, black servicemen, in minor conflicts involving several individuals to large-scale riots, violently rejected the confines of segregation, vividly demonstrating their profound and desperate dissatisfaction with military life. In response to reports of growing tension, the Secretary of War created an Advisory Committee on Negro Troop Policies to investigate. Their report stated that “[d]isaffection among Negro soldiers continues to constitute an immediately serious problem.” In addition to numerous outbreaks of violence which had already occurred, the report continued, “[a]t many other stations there is a smoldering unrest which is quite likely to erupt at any time.”⁴ Historian Harold Sitkoff notes that though the war department actively suppressed evidence of black revolt, labelling deaths due to such conflicts as “combat fatalities” or “motor vehicle accidents,” “army statisticians, nevertheless, reported an unusually high number of casualties suffered by white officers of Negro troops and at least fifty black soldiers killed in race riots in the United States” (Sitkoff 1971, 668). That the crushing pressure of military segregation had consequences for black servicemen’s physical and emotional health is readily apparent in such statistics, as well as unintentionally refracted through the analysis of the medical literature. In an article published in the *American Journal of Psychiatry* shortly after the war, Rutherford Stevens, a black military psychiatrist, critiqued his colleagues distorted understandings of black people and the self-assured certainty with which they made them. He noted that “[a]lthough the effect of segregation on the Negro inductee was not dramatic and

immediate, it was continuous. It produced an emotional cancer.” He suggested that when the “state of chronic emotional tension” produced by discrimination and segregation became too much to bear, the result was antagonistic behaviour, “more or less typical” anxiety syndromes, and the development of “somatic complaints or the exacerbation of pre-existing problems” (Stevens 1947, 496-497).

“Deep Seated Abnormality”: Managing the “ineffective”

A sample lecture published in Harry Solomon and Paul Yakovlev’s *Manual of Military Neuropsychiatry* offers an outline through which camp psychiatrists could introduce line officers to the basic principles of their practice in accessible language. After addressing the question ‘What is Psychiatry?’, the lecture moves on to answer the next anticipated question, “What are the kinds of Mental Abnormality?” The four “main kinds” introduced include: “Feeble-mindedness- or ‘dumbness’”; “Neuroses- or marked nervousness”; “Psychopathic personalities- or persons with peculiar or vicious habits”; and “Psychoses- or insanities” (Solomon and Yakovlev 1944, 488). In managing these abnormalities, as reflected throughout the literature, a critical distinction was drawn by line and medical officers between men whose troubles were judged to be the result of what was described as mental or psychiatric illness, including psychosis and, more commonly, psychoneurosis⁵, and those whose troubles were understood to be due to underlying “disorders of personality or intellect”, including the “psychopathic individuals, the mentally deficient, chronic alcoholics, [and] drug addicts” (Anderson et al. 1966, 184, 195-196). When found to be incapable of effective service, men in the former category were given medical discharges, while men judged to be “inapt,” “inadaptable to service,” or to possess to “habits or traits of character that render service undesirable”, were discharged administratively, “not to be afforded,” as a

1944 report on psychoneurosis from the Inspector General insisted, “the dignity of a medical diagnosis”(ibid., 103-104, 483).⁶

As such language begins to suggest, though men discharged for both illness and constitutional disorders were all found to be unfit, the distinction between them often carried judgements on their worth as men. In their large-scale postwar analysis of “ineffective soldiers” - those discharged prematurely from service during the war for “poor performance”, Eli Ginzberg and his team of researchers at Columbia University insisted that “psychoneurotics” needed to be differentiated from the “inapt”; while the latter were “almost a total loss to the Army” and rarely advanced beyond the rank of private, 22 percent of psychoneurotics were officers, a greater proportion of them having been promoted to the top three officer grades than soldiers in the Army generally (1959, 102). In the sample psychiatry lecture, in contrast to nervous or neurotic men, who could be “good soldiers”, “psychopathic personalities” were described as “persons who appear to be normal at most times but who have a deep-seated abnormality. In this category fall chronic alcoholics, habitual criminals, ‘sex’ murderers, sadists, and drug addicts” (Solomon and Yakovlev 1944, 492). In line with Adolf Meyer’s conceptualisation of the “constitutional psychopath”, in which, rather than heritability, the term “constitutional” indicated that “the traits in question were acquired early and...thoroughly ingrained in the personality” (Campbell 1940, 538), the lecture explained that such men were “often deformed in their minds by childhood experiences” (Solomon and Yakovlev 1944, 493). The use of the term “deformed” illustrates how environmental explanations often did little to lessen moral disdain for perceived abnormality.

As historians have noted, black men came to receive Section VIII discharges at exceedingly higher rates their white counterparts (McGuire 1993, 146-147; Dwyer 2006, 135). The Ginzberg study found that while 60 percent of white “ineffectives” had been

medically discharged for psychiatric problems, 53 per cent of black “ineffectives” had been discharged administratively as “inapt”; black men were also over represented in the “undesirable” category (Ginzberg et al. 1959, 121).⁷ In a 1946 article appearing in the *Journal of Mental Deficiency*, Thomas Weaver examined the incidence of maladjustment among 8,000 “mental defectives”. Weaver urged that the fact that half of the subjects of the study, through training and “fortification”, had successfully adjusted to the Army and contributed to the war effort reflected that such people, far from useless, could be similarly utilized by society and industry. Strikingly, like so many of his colleagues, Weaver filtered his data through a racial lens, reporting the “Negro” and “white” rates of discharge and adjustment among various subcategories of “defectives”. Without comment, he noted that a full 25 percent of black mental defectives had been discharged among those “lacking required adaptability for military service,” compared to only 13 per cent of white men. Among these men it was determined that “there was almost no foundation on which the Army could build worthwhile personality and work patterns”; trainees were ineffectual in simple duties, demonstrated a “pattern of excitability and ineffectiveness and constantly fluctuating emotional mood”. He further reported that three per cent of white subjects were discharged for psychopathy, compared to 11 per cent of black personnel (240). In addition to the stigma of unfitness and loss of disability benefits for men discharged as “inapt”, “inadaptable” or “undesirable”, the gross overrepresentation of black men in such categories is important to consider as it reaffirmed the historically entrenched conceptual fusion between blackness and disability, with both states, as I will now discuss, constructed as being ill-fitted to modernity.

“A highly mechanized army”: race, civilisation and defect

In 1941, a seminar was organized in Washington DC to orient Selective Service psychiatrists to their role on local draft boards and Army induction stations. Capturing the

interdependency of notions of masculinity and able-bodiedness, here the view was expressed that “[m]ilitary training intensifies the defects of weaklings instead of ‘making men out of them.’” The record of the meeting further noted that due to the “highly mechanized nature of modern warfare”, “[l]ow-grade morons are entirely unsuitable!”(Roberts et al. 1966, 161-162.). During a panel discussion of the Military Session of the Society for Research in Psychosomatic Problems on how the “unfit” might be excluded and/or utilized in military service, Lieutenant Commander Leon Saul commented that a number of Navy rejects, “inadequate personalities, whose inadequacies were both intellectual and emotional”, represented a problem in peace as well as in war; they were only “marginal workers, some of whom do well in primitive setting,’ he asserted, but who “do not do well when they are thrown into the competition of our modern life”. He further conjectured that such people, given their large numbers, were probably involved in the recent spread of delinquency (1943c, 357). As well as reflecting the resilience of eugenic lexicon within the military, even as the biological logic of eugenics itself was falling out of fashion, these assertions of the unsuitability of the ‘defective’ and ‘unfit’ for modern life formed part of a broader historical narrative of progress and normality, deviance and atavism, through which, as Baynton has argued, racialized others, women and the disabled were variously excluded discursively from the realm of full humanity and legally and socially from the full rights of citizenship (2001, 40-41).

In his aforementioned memo on the “Colored Troop Problem”, Crawford described the “individual colored soldier” as “tractable” and “loyal” but requiring “sympathetic, yet firm” leadership and “more rigid supervision to maintain good internal discipline.” He described black troops as “less ambitious”, “more content”, and lacking in “initiative, imagination, and ingenuity.” He asserted that from “the standpoint of military efficiency, the lower average intelligence rating of colored selectees...is an obstacle to broad employment of

colored soldiers throughout a modern, highly mechanized army.”⁸ In the same vein, in a 1947 study on mental illness among black troops published in the *American Journal of Psychiatry*, Herbert Ripley and Stewart Wolf wrote, “The question has to be raised as to the ability of Negroes to meet the stresses of a civilization developed by the white man, including the rigors of army life” (Ripley and Wolf 1947, 511). Ripley and Wolf’s article was conspicuous for its unabashed racial conjectures, including an uncritical reference to a 1914 study which found that “the dreams of the Negro are simpler than those of the Caucasian and that the psychological activities of the former are analogous to those of a child” (Ripley and Wolf 1947, 511). Their concern about black men’s ability to manage the stresses of white civilization had a long pedigree; after emancipation, medical experts had warned that outside of the “paternalistic relationship of slavery”, African Americans were physically and mentally degenerating under the strain of modern civilization (Summers 2010, 70-71; see also Scott, 1997, 11-13). Importantly, such assessments of black people’s capacity for civilization frequently had a symbiotic relationship with assessments of their capacity for “manhood rights” and self-government, with supposed racial primitives cast alternately as “senile” or childlike (Bederman 1995, 22) - an imagery that reverberates in these midcentury depictions of black servicemen’s lack of military vigor.

In the analysis of William Hunt, a psychologist who served in a Naval psychiatric unit, the narrative of black men’s deficit in civilization was reconstituted more obliquely, this time in a cultural framework. Hunt drew on his observations of white and Negro sailors being held for neuropsychiatric observation as well as the records of those discharged from naval service for maladjustment to make broader arguments about the manifestation of “psychological conflict” in the two groups.

The psychological conflicts of the negro group seemed of a more simple, elementary nature resulting in the less complex type of

symptomatology typical of sociopathic behavior, emotional instability, inadequate personality, simple maladjustment and temperamental unsuitability. The tortuous, intricately structured mechanisms typical of psychoneurosis seemed to be less common. (Hunt 1947, 133)

Hunt attributed this difference to cultural rather than biological inferiority, noting:

It may well be that the culturally backward individual is permitted an immediate, primitive, uncritical, emotional expression that is denied the more highly cultured individuals surrounded as he is by limitless social taboos and personal inhibitions. With increasing cultural level the individual is deprived of the more immediate and primitive types of emotional expression with the resulting necessity for his conflicts to express themselves through the devious and complicated mechanisms of psychoneuroses. (135)

The discharged black serviceman was thus “sociopathic, emotionally unstable, inadequate, temperamentally unsuitable and simply maladjusted.” His white counterpart, on the other hand, is overwhelmed by the complications of civilization, processing them into “the complicated mechanisms of psychoneuroses.” While not asserting permanent biological difference, such findings nevertheless confirmed perceptions that the difficulties of African American servicemen were not problems to be treated medically but the results of their lack of development.

In this regard, Hunt’s analysis also resonated with medical, psychoanalytic, and anthropological discourses of the 19th and 20th centuries which alleged that peoples of African descent had more rudimentary nervous systems or more primitive psyches (Brickman 2003). In such discourse, as Christopher Crenner has shown, men’s “high nervous energy”

was imagined to be both be the “engine of modern social progress” as well as “the cause of its undoing”, straining white men with at times unbearable pressures and responsibilities (Crenner 2012, 13). Thus while both the psychoneurotic white and disturbed or sociopathic black sailor are ultimately unfit for military duty, Hunt’s analysis of their respective abnormalities reaffirms racial constructions of black and white capacities as men. The maladjusted white develops ‘intricate’ mechanisms in his failed attempts to adjust to the demands of military manhood, but the black man’s “primitive” responses are both below and outside of them altogether.

Psyche and Soma: “They have not the pride in themselves as men and soldiers”

In her work on World War II masculinities, Christina Jarvis observes that the relegation of black men to service and supply positions reproduced racist norms as well as “reinscrib[ing] the gendered and racialized nature of the mind/body dualism.” “By placing blacks primarily and disproportionately in service and labor positions,” she writes, “the military continually associated blacks with body instead of the mind” (Jarvis 2004, 151). Importantly, as the often-menial nature of such positions begins to suggest, military discourses of the black male body often worked, like those of the black male mind, to diminish the manhood of black servicemen. In addition to widely accepted common sense in the military that black men were less mentally fit than white men, their physical fitness had also traditionally been found wanting in military discourse.

Along with their supposed lack of aggression, mental alacrity and sexual continence, a diseased and weakened body became an ideological feature in an unfit and unmanly black masculinity, which stood in sharp contrast to the ideal (white) American soldier. In a 1918 memorandum to the Chief of Staff on the “Disposal of the colored draft”, Brigadier General Lytle Brown commented that “[t]he physical condition of a large part of the colored draft is

very poor.” Citing high levels of sickness, particularly venereal disease and their supposedly inferior stamina, Brown asserted that a large proportion of them would be unfit for combat duty, noting that “the Medical Department is prepared to do the reconstructive medical work necessary on this class of physically inferior men, without interfering with their functions as labor battalions.”⁹ In such discourses, then, the defining feature of the black body was often physical subnormality rather than, for example, brute strength.

Critically, military manhood rested not so much on a division of mind and body but a particular relationship between them. The ideal military man was virile in both mind and body and the fitness of each was dependant on the other. Margaret Humphreys makes this clear in her discussion of medical perceptions of formerly enslaved men inducted into the Union Army during the Civil War. Military observers during the period asserted that black men’s lack of “mental fortitude” and “moral courage” not only left them more susceptible than whites to disease and death but also prevented them from achieving, as Humphreys puts it, the “total manhood” embodied by white soldiers, and particularly, white officers. One, for example, claimed that black men were “too much animal to have moral courage or endurance” and were “more easily depressed in spirits when attacked by acute disease” (Humphreys 2008, 18). In constructing black men as uniquely unable to withstand disease, pain and death, medical discourses of the Civil War marked black physicality, as well as black intellect and morality, as defective. The symbiosis of mind and body in military fitness, and perceived black shortcomings in each, continued to reverberate through military discourse of both World Wars, becoming particularly clear in discussions of black servicemen's physical performance and the psychosomatic condition campyocornia.

“Regardless of what their Sickness may be”

Echoing the dissatisfaction of World War I commanders with the supposedly poor physical state of the “colored draft”, in World War II, Ulysses Lee reports that the leaders of many black units “complained of physically unfit men who could not or would not pass the required physical tests” (Lee 2004, 292). The “or would not” here signals an important stream within military and medical discourse which linked deficiencies in black men’s physical performance to deficiencies of character and mental fitness. In the 1946 confidential report *Leading Negro Troops*, interviewed officers presented malingering as a key difficulty, part of a broader picture they painted of black men as irresponsible, lazy, childlike and generally inept. “Malingering is about to run me crazy,” a battalion commander of the 92nd division states.

There are entirely too many “cripples” - men complaining of “hurtin in de grine” (groin) and ... “misery in de back.” You take them over to the medics. The medics may say that they're all right, but they'll continue their limping. You don't know what to do with them. (Wiley 1946, 14)

A company commander from the same division commented: “You may watch most any company coming in off the field and you'll see a line of from five to twenty-five stragglers or “cripples”...They are by no means whipped; they have stamina left. But they have not the pride in themselves as men and soldiers to go ahead and finish the march” (*Ibid.*).

Constructions of interconnected abnormality of black mind and body also emerge in discussions of psychosomatic illness. In an article printed in *Psychosomatic Medicine*, Leonard Rowntree, the author of several studies examining induction rejections, describes a general increase in psychosomatic disease among registrants, likely attributable to the “stress and strain” of war, as well as some individuals’ desire to avoid service. “The most striking finding,” the passage asserts, “is the increased incidence of psychosomatic disease in the

Negro, who in peacetime appeared to be relatively immune” (Rowntree 1945, 30).

References to the susceptibility of black troops to psychosomatic disease surface sporadically through the literature on maladjustment. In an assessment of enuresis in the Navy, a condition which the study found to affect “negro mess attendants” at eight times the rate of “white recruits”, the author suggests that one possible explanation was the tendency of the black men to “develop somatic disabilities which have no organic basis...Conversion hysteria with hysterical blindness, deafness, aphonia and paralyses are not infrequent manifestations” (Levine 1943, 323 - 324). An article on marijuana use among referrals to an army mental hygiene unit, 87 percent of whom were black, found that more than half of their subjects expressed “physical complaints [in which] no organic basis was established”(Freedman and Rockmore 1946, 782). A condition known as camptocormia offers a particularly striking example in which to consider how psychosomatic illness was conceptualized in relation to masculine ideals of mind and body; it also illustrates the effects of analysis that made salient but did not directly discuss patients’ blackness.

“A grotesque and bizarre” sight: Masculinity, blackness and camptocormia

“One of the most grotesque and bizarre sights in the Army,” wrote S.A. Sandler, a Lieutenant Colonel in the Army Medical Corps in an article published in *War Medicine*, is a soldier with camptocormia. Instead of a man in the correct position of the soldier, with the body erect, chest lifted, shoulders square and arms hanging straight down, without stiffness, along the seams of the trousers, one sees a person whose trunk is bent in anterior flexion at an angle of from 30 to over 70 degrees, sometimes with the trunk and head parallel with the ground and the arms swinging in an anthropoid fashion while walking. (Sandler 1945, 36)

Documented in a number of articles during the war, the camptocormia sufferer was unable to stand straight, impervious to “any amount of prompting or suggestion,” often after a minor back injury or a spinal tap. Despite the severity of their disability, which kept them from fulfilling any kind of training or duties, the patients were found to be free of muscular or skeletal disease or injury. The psychological nature of the condition was further emphasized in the literature by mention of fact that sufferers could frequently straighten their backs while sleeping or in a reclining position (*ibid.*, 36-38). Strikingly, 13 out of 19 of the men in Sandler’s study were black. Other articles on the condition from the period also reflect a disproportionate number of black sufferers.¹⁰ Though made visible in the analysis, both through the racial identification of cases and images, as I will discuss momentarily, neither Sandler, nor any of the other authors considered here, attempted to analyze the overrepresentation of black patients.

Though the condition was not treated as conscious malingering, the patients were presented as ineffectual and defective. Bernard Cruvant notes that a neuropsychiatric assessment of a black patient “disclosed a mentally deficient individual with a superimposed hysterical conversion, probably the result of anxiety over inability to cope with, to him, the inordinately complex military environment” (Cruvant 1947, 622). Sandler’s discussion, as his description of the condition as “grotesque and bizarre” might suggest, emphasized the patients’ deficient masculinity. When looking at the soldier with camptocormia, “instead of a man” one sees “a person.” In a paper published in *Psychosomatic Medicine*, Sandler reiterated the camptocormic’s deviation from the ideal of martial masculinity: “Our concept of a soldier has always been a manly, virile, vigorous individual, and so it was a grotesque and bizarre sight to walk through an army camp and see a soldier with camptocormia” (Sandler 1947, 197). So it is not simply that the suffering “persons” are not manly but that they are not manly in the military, a context in which their deficiency takes on grotesque

proportions in its failure from the ideal. Further emphasizing the sufferer's deficient masculinity, Sandler hypothesized that the inability to stand erect was psychically linked to impotence. Unable to sexually perform as 'real' men they were perceived to suffer from an impotence of posture. He suggested that some of the men had latent homosexual tendencies, with their obsession with spinal taps and needles representing a desire to be penetrated.

Offering important historical context to gendered understandings of hysteria, Mark Micale (2008) found that in addition to "searching for signs of perceived effeminacy" in their male patients, 19th century European physicians often illustrated "the diagnosis with cases drawn from socially, ethnically, or racially stigmatized populations" (207); this focus on patients whose status as men was perceived to be sexually and/or racially compromised, he argues, amounted to a "defensive procedure" through which to evade and suppress full acknowledgment the existence of male hysteria (*ibid.*). In the case studies supplied in the camptocormia studies considered here, individual patients were always racially identified. Where photos were supplied, they were also visually identified in ways that arguably emphasized their race. In Sutro and Hulbert's article, a completely naked black patient is displayed in a number of close-up images. In Sandler's article, the only white patient pictured is photographed alone. However, to visually illustrate the distinction between the soldier standing in the "correct position" with "body erect, chest lifted, shoulders square" and the "anthropoid" camptocormic, "Cases 5 and 6", two African American men, one of whom uses a stick to help hold himself up, are pictured alongside erect white soldiers. The juxtaposition is significant. A white man may suffer from camptocormia but it is hard to imagine that, within the discursive context of the WWII military, a black man could be positioned as the "manly, virile, vigorous individual" ideal type soldier, against whom either a white or black patient could be measured.

Sandler provides brief histories of each patient's civilian life to draw out why they had responded to military life in such a disturbing manner. Here he develops the themes of "impotentia and sexual maladjustment" and ambivalent feelings towards their fathers. Key to both these themes is the patients' ineffectual masculinity. He describes his patients as feeling themselves to be "the doormats of the male species...the most inferior of the inferior" (Sandler 1945, 43). The sufferers, though "affable and genial" on the surface, were actually "tremendously resentful and hostile – in some cases to the point of paranoid behaviour" and prone to 'explosive outbursts of hostility and aggression.' In one case, "a soldier actually tried to attack his basic training corporal with a fork." Sandler hypothesizes that patients' suppressed hostility towards their fathers "reflected itself toward authority in the military situation", which became "a source of constant threat and danger to the ego" (*Ibid.*, 36, 45).

It is interesting to here consider briefly the case of the 92nd division, the black unit to which the officers complaining of malingering in the previous section were assigned, to illustrate the problems with his analysis. The division became home to a so-called "casual camp" of nearly 2,000 men who complained of various physical ailments, including "defective" men "culled" from other black regiments, many of whom had been declared medically unfit for full service (Lee 2004, 293-296). As medics complained they were unable to stop previously healthy men from drifting into the camp, whose men did not undertake regular training duties, officers were sent to investigate. Their description of the men's movements suggests some camptocormics were among their number:

The men were observed to form ranks slowly. Some of them carried their helmets instead of wearing them, others carried their shoes instead of having them on their feet, wearing low cut shoes instead...The men did not march in cadence. Many of them limped and some were stooped or bent at the waist. (*Ibid.*,

The high rates of men “who could not or would not” work at Fort Huachuca, Arizona, as Converse et al note, could be read as a form of indirect resistance, in a camp where morale was so low that enlisted men stoned a car containing white officers and others attacked a white lieutenant with a shovel as he slept (Converse III et al. 1997, 97). One veteran of the 92nd Division asserted that many of the afflicted men were “highly intelligent” and emphasized their utter demoralization at the root of the problem: “If they had been treated as human beings, as soldiers in the United States Army, they would not have become a problem” (*Ibid.*) Sandler’s lack of interest in the regime of degradation imposed upon 70 percent of his patients, even as he discussed the ways in which they experienced the military situation as “a source of constant threat and danger to the ego”, in part may reflect a broader trend within applications of psychoanalysis in this period. Arron and Starr have noted that the approach taken by some practitioners in World War II “so emphasized the individual’s intrapsychic dynamics, childhood history, and predisposing personality traits that relatively little emphasis was given to the objective external reality of actual traumatic events” (97). However, the fact that military segregation so rarely registered as a “traumatic event” at all within the psychiatric discourse generally also betrays a readiness to accept the naturalness of segregation and the defectiveness of black masculinity as a matter of course.

Conclusion: “Deep-seated conflicts and maladjustments”

In his article on enuresis in the Navy, Alexander Levine asserted that the condition was not problematic because it, in itself, interfered with military duty but because “it was found to be a symptom of a more generalized disturbance.”

Associated with the enuresis were numerous other psychiatric manifestations, such as somnambulism, severe nail-biting, nightmares,

frequent anxiety dreams, and “nervousness”...Occasionally, youths who are enuretic may appear to be fairly mature and emotionally stable with well integrated personalities, but further probing will often reveal deep-seated conflicts and maladjustments. (Levine 1943, 321)

Like this image of the enuretic soldier, the picture of the Negro soldier that emerges from examining military medical practices and the knowledge that this practice produced is one of a “generalized disturbance.” Like enuresis, on the surface of things, the black soldier’s color itself (to which race, then as now, has often been hypocritically reduced in much popular discourse denying the social consequences of racism) did not interfere with duty but underneath that surface roiled conflicts and maladjustments. Various defects, “undesirable behaviors” and conditions - mental deficiency, explosive hostility, venereal disease, marijuana use, laziness and recalcitrance, all traditionally associated with black men in civilian life, as well as defects specific to the military context - conversion hysteria and enuresis - were linked to black soldiers through the Section VIII and the perpetual statistical tables charting “white” and “Negro” incidence and rates of defect, disease and rejection. That these traits and behaviors which black men were seen to disproportionately manifest were also in many cases linked to each other compounded the sense of dysfunction. Likewise, as notions of evolutionary backwardness underpinned both constructs of black race and disability, the disproportionate designation of black men to categories of constitutional defect fortified the inscription of abnormality.

While psychiatrists and psychologists were open to considering the impact of educational and economic deprivation in black men’s supposed deficiencies, the resounding silence on the iniquitous conditions they encountered after induction further cemented black servicemen’s problems as their own inability, whether through an unfortunate cultural backwardness, background of disadvantage, “or some other cause”, to adequately adjust to

the expected mold of military men. Without treating segregation as a structure profoundly detrimental to the health of those whom it contained, these medical officers found the men who reacted to, survived within and recoiled from its confines defective, volatile, and inapt. Though the majority of military psychiatrists did not (in their published work) postulate racial traits or tendencies to explain the disparities in the racial statistics they produced, their silence about them seemed to suggest that no explanation of any kind was deemed necessary -- that the reader would already be all too familiar with the "Negro problem", either in the military or the nation, reinforcing the construction of black men as profoundly different from other men.

¹ For a discussion eugenics and intelligence testing in the World War I military, see Carson (1993) and Gould (2006).

² Memorandum, Brig. Gen. R. W. Crawford for Maj. Gen. Eisenhower, 2 April 1942, Subject: The Colored Troop Problem, *Blacks in the United States Armed Forces: Basic Documents*, Volume 5, 4.

³ Emphasis added. Memorandum, Chief of Staff for Secretary of War, 1 December, 1941, Subject: Report of Judge William H. Hastie, Civilian Aide to the Secretary of War, 22 September 1941, *Blacks in the Military: Essential Documents*, 115.

⁴ Memorandum, Assistant Secretary of War John J. McCloy for chief of staff, 3 July 1943, subject: Negro troops, *Blacks in the Military: Essential Documents*, 121.

⁵ Psychoneurosis was the diagnosis for by far the larger proportion of men given medical discharges for psychiatric illness. The term had a broad usage, covering 'emotional disturbances varying from temporary reactions to situations of acute stress to chronic emotional instability', manifesting in 'anxiety, phobias, compulsions or somatic disturbances' (Ginzberg et al., 91).

⁶ Aron and Starr observe ‘personality disorder’ continues to be differentiated from ‘service-related injuries’, and ‘is most often associated with femininity, cowardice, degeneracy, childhood development, and [in some cases] ‘histrionic’ traits (98).

⁷ While it is outside of the scope of this article, it is interesting to note that Ripley and Wolf (1947, 510) and Weaver (1946, 241) suggested that homosexuality was more common among black men than white. On homosexuality in the military more generally see Berube (1990). For a discussion of the relationship between queerness, able-bodiedness, and military masculinity see, Serlin (2003).

⁸ Memorandum, Brig. Gen. R. W. Crawford for Maj. Gen. Eisenhower, 2 April 1942, Subject: The Colored Troop Problem, *Blacks in the United States Armed Forces: Basic Documents*, 56-57.

⁹ Memorandum, Brig. Gen. Lytle Brown, Assistant to the Chief of Staff, for the Chief of Staff, ‘Disposal of colored draft,’ 12 June 1918, *Blacks in the United States Armed Forces: Basic Documents*, 25-26.

¹⁰ In Hamlin’s (1943) study 1 of the 2 patients studied were black, as were 6 of 8 in Sutro and Hulbert’s (1946) study. Cruvant’s (1947) article is not a study of camptocormia per se; of three examples of psychoneurotic soldiers that he discusses, one is black and suffers from camptocormia.

¹¹ In *Black Warriors*, Ivan J. Houston, a veteran of the 92nd Division recalls seeing a man who ‘walked with a bent back all the time I was at Ft. Huachuca. I don’t know whether he was acting or not, but his back was bent almost at a 90-degree angle’ (Houston and Cohn 2009, 12-13).

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